

COORDINATION OF BENEFITS

Before submitting a claim to Medicaid, a provider must submit and secure payment from all other liable parties such as Medicare Part A and B. (For more information refer to the Medicaid General Information Section, 11-4). Claims denied from Medicare as non-covered services should be submitted to Medicaid, not Crossovers.

If the primary payer made line level payments on the claim, please report line level data to Medicaid. Do not include co-payments received from the patient in the TPL reporting. Do not send an Explanation of Benefits (EOB) from the primary payer. Only send an EOB when a '0' payment is applied or a service is denied. FAX the EOB to the Office of Recovery Services at (801) 536-8513.

For Healthy U or Molina TPL claims, contact the health plan for specific billing instructions.

INSTRUCTIONS FOR ELECTRONIC CLAIMS

It is not necessary to drop to paper to report Coordination of Benefits (COB). Medicaid prefers electronic claim submission. When submitting COB information in an electronic format, be sure to include payer payment amount, patient liability and reason codes with amounts for contractual write offs.

The Mail Box for claim submission are:

- HT000004-001 Medicaid Fee for Service
- HT000004-005 Utah Medicaid Crossovers

INSTRUCTIONS FOR PAPER CLAIMS

Third Party Liability (TPL) payments must be reported in the positions listed below. If there are multiple payers, report: (1.) the combined total payments, and (2.) the final remaining patient responsibility. To identify a crossover claim check both the Medicare and Medicaid boxes in Box 1.

CMS-1500 for Claim Level Reporting	
Box	Instructions
28	Total Claim Charge
29	Amount Paid by other payer(s). Contractual adjustments should not be reported. The contractual amount will be calculated by Medicaid (Total claim charge - Amount Paid by other Payer - Patient Responsibility = Contractual Adjustment).
30	Balance Due.
19	If amount in Box 30 is different than the claim level patient responsibility as reported by the other payer(s), report patient responsibility in Box 19 by using PR01 and then the amount (example: PR01:13).

CROSSOVER CMS-1500 (Old Form - Discontinue Use by 02/01/2007)
Line Level Reporting of TPL - Must Also Report TPL at Claim Level

Box	Instructions	
24J	Reason Code for Coordination of Benefits (COB). Use ANSI 837 Standard Claim Adjustment Reason Codes. Reason codes should be present on the EOB received from the primary carrier. If the codes are not available, leave blank. The codes are usually located on the EOB after the coinsurance column.	
24K	COB Amounts. For each line of service, the Box must contain two lines of information: Indicator of "T" and amount paid by the other payer(s). Indicator of "C" and contractual obligation (write-off) amount. Medicaid will calculate patient responsibility from data reported.	Example: T - 23.00 C - 17.00

CROSSOVER CMS-1500 08/05 (New Form)
Line Level Reporting of TPL - Must Also Report TPL at Claim Level

Box	Instructions													
24 SHADED	Each line of service must contain the following information: (1) Indicator of "T" to identify a third party payment, and amount paid by other payer(s). (2) Indicator of "PR" to identify patient responsibility, reason code reported by other payer(s) related to the PR, and patient responsibility amount. If no reason code is available from other payer(s) to identify the patient responsibility, use "01". (3) All reason codes as reported by other payer(s) and amounts (contractual obligation or write-offs). Codes should contain a qualifier of either CO or CR and then a number. If no reason codes given by payer, report all contractual obligations using "CR45". Report the amount of the contractual obligation. There may be multiple reason codes and amounts per line.													
	EXAMPLE:													
	24 A. DATE(S) OF SERVICE From To MM DD YY MM DD YY						B. PLACE OF SERVICE	C EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER				E. DIAGNOSIS POINTER	F. CHARGES
	T:40.35 PR01:10 CO45:9.65													
	03	11	06	03	11	06	11		99213					1

UB-02 or UB-04

Form Locator	Instructions
54 A,B,C	Prior Payments made by other insurance carrier. Contractual adjustments should not be reported. The contractual amount will be calculated by Medicaid (Total charge - Prior Payments - Patient Estimated Amount Due = Contractual Adjustment).
55 A,B,C	Patient Estimated Amount Due or Patient Responsibility as listed by other insurance carrier. Amount should be on the same line as the payer reporting the patient estimated amount.

DENTAL		
Box		Instructions
1994 Form	1999 Form	
42	59	Payment by other plan(s). Contractual adjustments should not be reported. The contractual amount will be calculated by Medicaid (Total charge - Payment by other plan - Patient pays = Contractual Adjustment).
42	59	Patient pays. Amount as listed by other insurance carrier(s) as patient responsibility.
2002 Form		
35		<p>The following information is needed to report third party payments:</p> <p>(1) Indicator of "T" to identify a third party payment, and amount paid by other payer(s).</p> <p>(2) Indicator of "PR01" to identify patient responsibility and amount reported by other payer(s).</p> <p>(3) Indicator of "C" to identify any contractual adjustment or write-off, and amount reported by other payer(s).</p> <p>Example: T:23.50 PR01: 6.50 C:10</p>